

Name of Client: _____

Account #: _____

To Whom It May Concern:

The information requested on the attached form about the individual listed above is necessary to determine eligibility for Temporary Assistance For Needy Families (TANF), Food Stamps and / or Medical Assistance. The Division of Family and Children is required by law to verify income and resources (assets) in the determination of eligibility for assistance. Your cooperation is needed in providing the information requested for the period _____ to _____ on the attached form. Please provide all the information requested on the attached form and destroy this cover letter. A return envelope is enclosed for your convenience.

The information contained in this letter and obtained on the attached form is confidential under state and federal regulations, including 470 IAC 1-2-7, 470 IAC 1-3-1, 470 IAC 6-1-1, 405 CFR 205.50, 7CFR 272.1 c, and 42 CFR 431.300. This information will not be released except as permitted or required by law or with the consent of the applicant / recipient whose signature appears on the attached.

Sincerely,

_____ Division of Family and Children

Telephone No. _____

Return the attached form to:



COVER LETTER FOR FI 0014 AND FI 0065
State Form 49769 (7-00) / FI 0023